

DOCUMENT # P95000066584

1. Entity Name
FOX, SHERWIN & COMPANY, P.A.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90011 008 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7901-4TH ST. NORTH
STE 316
ST. PETERSBURG FL 33704
US

Mailing Address
7901-4TH ST. NORTH
STE 316
ST. PETERSBURG FL 33704
US

2. Principal Place of Business
7901- 4th St. North
Suite, Apt. #, etc.
Ste. 100

3. Mailing Address
7901- 4th Street North
Suite, Apt. #, etc.
Ste. 100

City & State
St. Petersburg, FL
Zip
33702
Country
US

City & State
St. Petersburg, FL
Zip
33702
Country
US

4. FEI Number 59-3334283
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHERWIN, BRIAN W correct: W. BRIAN
7901-4TH ST. NO.
STE. #316 100
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SHERWIN, W. BRIAN	
STREET ADDRESS	7901 4TH ST N STE 316	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SHERWIN, JOAN K	
STREET ADDRESS	7901 4TH ST N STE 316	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Brian Sherwin	
STREET ADDRESS	7901- 4th Street N. Ste. 100	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	Vice-President, SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan K Sherwin	
STREET ADDRESS	7901 - 4th Street N. Ste. 100	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Brian Sherwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1.5.01
Daytime Phone #

CR2E034 (10/00)